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			PTO/SB/22 (07-00	
PESITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (C	Docket Number (Optional)	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		SAESP059.US	SAESP059.US02	
Application Number: 10/803,625		Filed: March 18	Filed: March 18, 2004	
For: DISCHARGE LAMPS USING HOLLOW CATHODE GETTERS AND METHODS FOR MANUFACTURING OF S				
Art Unit : 2879		Examiner: Dalei	Examiner: Dalei Dong	
This is a request under the provisions of 37 CFR 1.136 application.	6(a) to extend the perio	od for filing a reply in	n the above identified	
The requested extension and fee are as follows (check	k time period desired a	ind enter the appror	priate fee below):	
	<u>Fee</u>	Small Entity Fee	<u>e</u>	
[x] One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>	
[] Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
[] Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
[] Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
[] Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
] Applicant claims small entity status. See 37 CF	R 1.27.			
] A check in the amount of \$ is enclosed for				
Payment by credit card. Form PTO-2038 is atta	ached.			
] The Director has already been authorized to cha		ation to a Deposit A	ccount.	
x] The Director is hereby authorized to charge any	-	quired, or credit any	y overpayment, to	
WARNING: Information on this form may become put Provide credit card information and authorization on		ion should not be incl	uded on this form.	
I am the [] applicant/inventor.				
[] assignee of record of the entire Statement under 37 CFR 3				
[x] attorney or agent of record. Re	egistration NumberF	<u> </u>		
[] attorney or agent under 37 CF Registration number if acting u			_	
Blew & Mr Port		December 22, 2006		
Signature			Date	
Glenn E. Von Tersch Typed or printed name			650-293-3355 Telephone Number	
Typed of printed frame		Гоюрия	Me Number	
IOTE: Signatures of all the inventors or assignees of record of the enune signature is required, see below.	tire interest or their represent	ative(s) are required. Su	bmit multiple forms if more than	
] Total of _ forms are submitted.				

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